

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09781283 FILING DATE 02-17-01
APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
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| 11 | 1 | | | | | |
| 12 | 1 | | | | | |
| 13 | 1 | | | | | |
| 14 | 1 | | | | | |
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| TOTAL IND. | 3 | | | | | |
| TOTAL DEP. | 17 | | | | | |
| TOTAL CLAIMS | 19 | | | | | |

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| TOTAL IND. | | | | | | |
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| TOTAL CLAIMS | | | | | | |